

FD-262 (REV. 10/92)

LAIMANT'S NAME

CLAIMANT'S NAME			SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
Will Fox					Governor's Office	
POSITION		CB/ID NUMBER	DIVISION OR BUREAU			INDEX NUMBER
Deputy Chief of Staff			Executive Office			
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS			TELEPHONE NUMBER
			State Capitol			
CITY	STATE	ZIP	CITY	STATE	ZIP	
			Sacramento	CA	95814	

[illegible]

CLAIM TOTAL

\$272.65

JRPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Idendum to other TEC associated with travel on behalf of Governor for January 20 and 21

## NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754.

training to vehicle safety and seat belt usage

AIMANT'S SIGNATURE

DATE

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

NAME OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE \_\_\_\_\_